

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15895

State File No.

Registrar's No.

Registration District No.

318

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis Zoo 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community. years, months or days)

3. (a) PRINT FULL NAME Michael T. Brady

3. (b) If veteran, name was None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Catherine Brady 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased April 9th 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 1 24 hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Construction Foreman

11. Industry or business

MOTHER FATHER { 12. Name Michael Brady Virginia
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country) Ireland

16. (a) Informant Catherine Brady
(b) Address 1337 Ripple St.

17. (a) Burial (b) Date thereof 6-5-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) JUN 5 (b) J. F. Bradeau
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1337 Ripple Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2nd
year 1943 hour 3:20 minute P.M. M.

21. I hereby certify that I attended the deceased from November 18, 1942 - last time seen

that I last saw him alive on See above 19 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration

Due to 1943

Due to 1943

Other conditions Hypertension, Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations 3 Of autopsy 9/11

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) (e) Means of injury

23. Signature Monty R. White (M. D. or other)

Address 4016 2nd Date signed 6/3/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 3 1943

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed 

Licensed Embalmer No. 4007

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.